

Utah Department of Human Services Office of Licensing  
120 North 200 West, #303 Salt Lake City, Utah 84103  
**BACKGROUND SCREENING APPLICATION**

**PURPOSE:** The purpose of the background screening is to protect children and vulnerable adults by determining if applicants have been convicted of certain crimes or have supported/substantiated child/adult abuse records.

**\*\*\*\*\*APPLICANT REQUEST AND RELEASE\*\*\*\*\***

I hereby authorize the Utah Department of Human Services Office of Licensing to investigate my past and present child and adult abuse, law enforcement, drivers license and any and all information which may be pertinent to my application according to Utah Code 62A-2-120, 121, 122. The release of any and all information is authorized whether the same is of record or not. I do hereby release all persons, firms, agencies, companies, groups, or installations, whomsoever, from any damages resulting from the Department of Human Services furnishing such information to authorized agencies.

**Incomplete/illegible applications or applications without a copy of a current valid state driver's license or state identification card issued by the Division of Motor Vehicles will be returned.**

**Completion of the form in any color of ink other than black is helpful (but not required).**

Please answer the following questions:

1. Have you ever been charged with a crime? ☐ Yes ☐ No  
If yes, please state disposition of charges and which law enforcement agency or court handled your case (attach another paper if needed).  
Attach court docket(s) or other records indicating the disposition of charge(s).
2. In the last five years have you lived or spent 28 or more consecutive days in another U.S. state (besides Utah)? ☐ Yes ☐ No  
If yes WHERE: FROM month/year: TO month/year:
3. In the last five years have you lived or spent 28 or more consecutive days in another country other than the U.S.? ☐ Yes ☐ No  
If yes please see instruction # 5 regarding the required information that must be attached to this form.  
If yes WHERE: FROM month/year: TO month/year:
4. Are you the grandfather, grandmother, uncle, aunt, sibling, or child of the person to be served? ☐ Yes ☐ No  
If yes do not send fingerprint cards.

**If you answered no to question 4 and yes to question 2 you must submit two completed fingerprint cards with this form.**

If you do not have a middle name please write "Not Applicable" above the line for "Full Middle Name"

Full First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
All Maiden/Alias /Previous Married Names: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Phone: \_\_\_\_\_

I certify that my answers contain no misrepresentation or falsification, and that the information is true and complete to the best of my knowledge. I understand that providing false or inaccurate information or failing to provide information may result in my background screening being denied.

Enter client # for DSPD self-administered Direct Service Worker

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*AGENCY/LICENSED PROGRAM REQUEST AND RELEASE\*\*\*\*\***

This section to be completed by the Foster Care Licenser, or the authorized representative for the program or Agency.  
**Complete all fields. Incomplete or illegible applications will be returned.**

Name of Agency, Licensee or DHS Licenser: **Division of Services for People with Disabilities** Phone number: **(801) 538-4476**

Address: **120 North 200 West, Room 411** City: **Salt Lake City** State: **Utah** Zip Code: **84103**

Does the applicant provide foster/proctor care services? ☐ Yes ☒ No

I certify that I have inspected the applicant's identification and verify their information, and that my answers to the questions contain no misrepresentation or falsification and that the information is true and complete to the best of my knowledge. The licensee releases the Department from any damages resulting from furnishing this information for licensing purposes. I understand this form and its contents may not be shared in any way with any other organization, company, or provider or given to the above named applicant.

Signature of Authorized Agency or Program Representative or DHS Licenser

**Becky Dalby, DSPD Background Screening Tech**

Printed Name of Authorized Agency or Program Representative or DHS Licenser

**This Area for CBS Use Only**

Dear Person or Family Member acting as an Employer in our self-administered service program:

Please help us match you with your employee(s) by reviewing the information and updating incorrect information. Update incorrect information by crossing it out and writing the correct information. If no information is entered please complete each blank. Thank-you

Name of Person receiving Services: \_\_\_\_\_ ID# \_\_\_\_\_

Person's Address: \_\_\_\_\_  
\_\_\_\_\_

Person's Phone Number \_\_\_\_\_

Name of Person to Contact if there are problems with the application \_\_\_\_\_

Phone Number \_\_\_\_\_

#### Employee Information

Employee Name	Employee Hire Date	Employee Termination Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Support Coordinator \_\_\_\_\_ Phone Number \_\_\_\_\_

The completion of a background check is required for each employee you hire. If you fail to have an employee complete the background check as required by Statute through the DHS, Office of Licensing, your services will be terminated.

**BACKGROUND SCREENING APPLICATION INFORMATION AND INSTRUCTIONS**

(read Utah Code Ann. 62A-2-120 through 122, and Administrative Rule 501-3 for more details)

1. Persons who have **direct access** to children and/or vulnerable adults must pass a criminal background and abuse screening as required by statute.
  - **"Direct access"** means a person has or will have contact with a child or vulnerable adult that provides the individual with an opportunity for personal communication or touch.
2. The Office of Licensing will process a background screening application from an applicant who is a direct service worker or a personal care attendant, in accordance with Utah Code Ann. 62A-2-120 through 122, and Administrative Rule 501-3.
  - **"Directly supervised"** means that the person being supervised is under the uninterrupted visual and auditory surveillance of the person doing the supervising.
3. Applicants shall accurately and legibly complete, date and sign the application, and submit it together with their current, valid state driver license or state identification card, bearing the applicant's photo, current name and address, to the Division of Services for People With Disabilities
  - Applicants are required to disclose all criminal charges, including pending charges, and all supported or substantiated findings of abuse, neglect, or exploitation.
  - Incomplete applications will be returned.
  - Applicants may be required to provide additional information after the Office of Licensing investigates the applicant's background.
4. An applicant who has not continuously lived in Utah for the five years immediately preceding the day the application is submitted to the office shall also submit two completed fingerprint cards for an FBI national criminal history record check. This does not apply if the applicant is the grandfather, grandmother, uncle, aunt, sibling, or child of the person receiving direct services.
  - An applicant has not continuously lived in Utah if the applicant has spent four or more consecutive weeks outside Utah, including education, volunteer or employment activities, military duty, vacations, or when the applicant has an out-of-state driver license.
  - An applicant shall obtain fingerprint cards from the applicable licensing specialist, human services program, local government employer (for certified local inspector applicants only), the Area Agency on Aging (for Personal Care Attendant applicants only), or DSPD (for Direct Service Worker applicants only), who shall annually obtain fingerprint cards from the Department of Public Safety.
  - Fingerprint cards will be rejected if all identifying information fields are not completely filled out, the signatures of the applicant or the official taking the fingerprints is missing, the fingerprint otherwise altered.
  - Renewal applicants do not need to submit fingerprint cards each year if the applicant has continuously lived in Utah since the initial clearance, has a current, valid Utah driver's license, and is associated with the same human services program.
5. An applicant who has lived outside of the United States (including Puerto Rico, American Samoa, U.S. Virgin Islands and Guam) during the five years immediately preceding the day the application is submitted to the office shall also submit a criminal history report from each country lived in (contact the country's embassy in Washington D.C.) or a letter of honorable release from US military or full-time ecclesiastical service from each country lived in. A copy along with the original release must be submitted to a notary public for certification and the certified copied attached to the application or the original release may be brought into the Office of Licensing located at 120 North 200 West in Salt Lake City, Utah. This does not apply if the applicant is the grandfather, grandmother, uncle, aunt, sibling, or child of the person receiving direct services.
6. DSPD staff inspect and make a good faith effort to determine that the applicant's state driver license or state identification card does not appear to have been forged or altered.
  - Incomplete applications will be returned.
7. An applicant, or DSPD shall not contact the Office of Licensing about the status of an application unless 30 days have passed since the day the application was submitted. After 30 days, questions or concerns may be directed to the Office of Licensing at 538-4242.

8. The Office of Licensing will issue a background screening clearance or denial according to standards and procedures described in Utah Code Ann. 62A-2-120 through 122, and R501-3.
  - A “clearance” does not mean that the applicant has no criminal or abuse record.
  - A “clearance” cannot be used by any other employers, agencies or programs.
  - An application receiving a “clearance” will be returned to the agency who submitted it, who must keep it on file and make it available upon demand by the Office of Licensing.
9. If a background clearance is “denied”, the applicant will be notified of appeal procedures.
  - No appeal is available when an applicant fails to provide all required information.
  - The Office of Licensing will notify the employer and/or applicant of any background clearance denials, but cannot discuss the content of background screening records.
10. An applicant may direct inquiries about a Utah criminal record, including expungement or correction procedures, to the Utah Department of Public Safety, Bureau of Criminal Identification, (801) 965-4445, 3888 West 5400 South, Salt Lake City, UT 84114-8280.

**EXCEPT AS PERMITTED BY UCA 62A-2-120(5), AN APPLICANT SHALL HAVE NO DIRECT ACCESS TO A CHILD OR VULNERABLE ADULT UNTIL AFTER RECEIVING WRITTEN BACKGROUND SCREENING CLEARANCE!**